

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

1003

4714

-62-020988

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 23 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

admission)

c. CITY  
OR  
TOWN

St. Louis (14)

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

Faith Hospital

Inside Limits

Yes ☐ No ☐d. STREET  
ADDRESS

(If outside, give location)

1916 North Hanley Rd.

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

HAROLD

Middle

W.

Last

SHEER

4. DATE  
OF  
DEATH

Month

May

Day

6

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

3-19-1886

## 9. AGE (last birthday)

76

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Stationery Engineer (Retired) Groves Laboratory

## 10b. KIND OF BUSINESS OR INDUSTRY

Kansas

## 11. BIRTHPLACE (City and state or country)

U.S.A.

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

William Sheer

## 13b. MOTHER'S MAIDEN NAME

Mathilda Brooks

## 14. NAME OF HUSBAND OR WIFE

Marie C. Sheer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv)

No

None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Marie C. Sheer 1916 North Hanley Rd.

## 18. CAUSE OF DEATH (Enter only one cause per line

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Infarct &amp; Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

2 days

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Gastroenteromy

9 days

DUE TO (c)

Duodenal &amp; Gastric Ulcers

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

541.0

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

2/16/62

to 5/6/62

and last saw her

him alive on 5/6/62

Death occurred at

3:00 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J. H. Klein M.D.

## 22b. ADDRESS

6917 W. X. Boulevard

## 22c. DATE SIGNED

5/8/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

May 9, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway Blvd.

## 25. DATE RECD. BY LOCAL REG.

MAY 8 1962

## 26. REGISTRAR'S SIGNATURE

Road Smith, M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300  
Rev. 4/59

1

24000-35

3

4 0

5 1

6

7 1

8 2

9

10

11

12 60-0

13

60

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Dunn

Licensed Embalmer No. 4527

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.